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ABSTRACT

Demonstrating cost effectiveness for vocational rehabilitative counseling is difficult. Monetary benefits can be assigned to some of the benefits of vocational counseling, such as the benefit of getting a person off unemployment, but not to others, such as improved family relations. It is also difficult to define cost effectiveness because there is no general agreement about who should receive counseling. One veterans' center program chose to include both those clients who were job ready and those who were not into their vocational counseling program. Counselees were divided into three groups for the purpose of demonstrating a positive cost/benefits ratio: (1) Group 1 members, who needed employment and had a goal of job placement; (2) Group 2 members, who needed job training and had a goal of admission to a training or vocational rehabilitation program; and (3) Group 3 members, who suffered from psychological or physical problems which could render them unemployable, and had a goal of either reclassification to Group 1 or 2 or a satisfactory quality of retirement life. This multiple criterion strategy was found to work well. Despite the difficult vocational problems presented, over one-half of the veterans served were successful in meeting goal expectations at termination. Cost effectiveness can be maximized by knowing where jobs and training programs are available. Liaison with other departments and community resources can help combat understaffing. The strategies of multiple criteria, a comprehensive data base and record keeping system, a constantly updated information resource bank, and a team of support personnel can be replicated in other institutions and used to demonstrate cost effectiveness. (ABL)

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Vocational Rehabilitation Counseling: Cost/Benefits Ratio

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This paper will discuss some of the problems in establishing the cost/benefits ratio of a vocational counseling program and briefly outline some of the steps taken to operate a cost effective program by the Vocational Counseling Section of the Psychology Service at the Sepulveda VAMC between December 1980 and June 1985.

Defining Cost Effectiveness

There is practical and pressing reason for being concerned about the cost/benefits ratio of vocational counseling. Agencies need to be able to show they are cost effective in order to get financial support. Many have been closed down on this issue.

Although it is essential for us to work at it, demonstrating cost effectiveness is hard for at least two reasons, one of them, obvious. Money amounts can be assigned to some of the benefits which vocational counseling attempts to effect, but not to others. You can make an estimate of the financial value to the individual and to the community of getting a person off the unemployment rolls and onto a remunerative job. But it is not possible to put a dollar value on self respect, improved family relations, and other pyschological gains.

A second reason why demonstrating cost effectiveness is hard is that there is no general agreement about who should receive vocational counseling, nor how to define successful treatment. Should only the job ready--those who are motivated, who have job skills, and who are clearly employable--be seen? Should the sole criterion of successful outcome be job placement? In the various states, the Departments of Employment Development have struggled with this issue. For a frustrating period of time, they tried to provide service to a broad spectrum of clients, both the job ready and the marginal unemployed person. At the same time, their effectiveness was

being measured solely by the proportion of individuals they placed in jobs. They now devote their major effort to placing qualified workers because of the dissatisfaction expressed by angry employers and the risk of losing their support.

Vocational Counseling Goals and Outcomes

At Sepulveda, for ethical reasons, the Vocational Counseling Section decided not to limit acceptance as counselees to veterans who are job ready. Our thinking was that Vocational Counseling at the Medical Center is part of a treatment facility. The veteran who is not fully job ready because of physical or psychological problems should not be screened out as "inappropriate." It is the therapeutic responsibility of the counselors to help such veterans plan and implement steps that will bring them along toward job readiness--or to as close to a fulfilling level of productive activity as they can achieve.

But what to do about the problem of demonstrating a positive cost/benefits ratio if the Section was going to work with cases many of whom would require longer amounts of time and a lesser likelihood of job placement? Our solution has been to set up a system for classifying our counselees into three problem groups, each with its own reasonably achievable treatment goal.

Group 1. The counselees in this group need employment. They may not know how to locate jobs or impress potential employers. They may not know how to present their knowledge and experience in the best light. They may have unrealistic expectations of the wages they are likely to be offered. They may have lost job after job because of counterproductive role behaviors and ideas about what employers expect. They may suffer from depression, or from anxiety about their job performance or being evaluated. For this group, treatment involves help with formulating and implementing a job search plan, help with interview behavior, resume preparation, and possibly help with work-stress management. The goal is job placement.

Group 2. The counselees in this group need job training. Some are unskilled, or their skills may be marginal or out of date. Some are no longer physically or psychologically able to continue in the jobs they used to hold. They are likely to be uncertain about what they want to do and unclear about their options. They may lack confidence in--or overestimate--their abilities. For this group, treatment may involve counseling focussed on goal clarification, a vocational testing battery, and referral to a school, an on-the-job training program, or VA or State Rehabilitation. The goal of treatment is admission to a training or vocational rehabilitation program.

Group 3. It is not usually clear at the outset when, or even whether, counselees in this group will be able to get back to work. Some are schizophrenics who from time to time are able to maintain themselves on a job. For them, treatment often involves a period of time at a sheltered workshop. Others are physically severely disabled. Some of these are mainly concerned with getting their financial problems squared away. Others, after a period of counseling, may decide to consider re-training. But still others--although the worker's role provides their major source of self esteem--are just not employable. These people need time and help in accepting the change in life style and self concept that comes with involuntary retirement. There are two possible positive outcomes for Group 3 counselees--reclassification to Group 1 or Group 2, or satisfactory quality of life in retirement.

We believe that this multiple criterion strategy has worked very well for us and for our counselees. Despite the difficult vocational problems presented, more than half of the veterans--between 50% and 68% per month over the period of three years we have been tallying in this way--have been successful in meeting goal expectations at termination.

Evaluation and Record Keeping

Cost effectiveness is a criterion of program success that rests squarely on records. Intuitive judgments and global impressions totally lack persuasiveness.

At Sepulveda, Vocational Counseling continually worked at improving the data base instrument which we used to structure and standardize the intake interview. The instrument permits open ended follow up inquiry, but the recording of essential data is structured for easy computer entry and analysis. The information recorded enabled us (a) to make a tentative initial classification of each counselee in terms of the most appropriate treatment goal group, (b) to identify the most probable barriers to goal achievement in each case, (c) to assess counselee eligibility for various kinds of community and VA assistance, and (d) to select needed treatment procedures and modalities. It thus provided the base line against which outcomes--whether positive or negative--could be measured.

Although the instrument was used mainly for summative evaluation of Vocational Counseling performance in the form of a monthly outcome report on cases closed that month, it has potential for use in formative evaluation, such as studies aimed at the improvement of the progam's component treatment procedures, or in studies of the social and psychological characteristics of counselee samples (c.f. Gross, 1973).

Steps to Maximize Cost Effectiveness

In addition to specifying target groups of counselees, formulating multiple criteria of successful treatment, designing appropriate sets of treatments, and systematically developing, testing, and improving a comprehensive record keeping system, our experience suggests a number of specific steps that can be taken to increase cost effectiveness. These steps are supplementary to any which are intended to improve the quality of counseling <u>per se.</u> They are <u>enabling</u> steps. The following are a few examples.

1. Keep up to date on where the jobs are in your area. Read the local paper for cues about what is going on in nearby businesses and industries to learn who is hiring, who is laying off, who takes affirmative action seriously. Talk to local employers about the kinds of workers they are looking for. Watch for help wanted signs as you drive about the neighborhood. Ask questions about local job trends of the people at the nearest State Employment Development Department and State Rehab offices. Get counselees with work experience in fields with which you are not familiar to describe their jobs, and the titles and job descriptions of the various other workers in their trades.

2. Get acquainted with the counselors and admissions personnel of local schools, ojt, emergency job training and apprenticeship programs. Collect all the information you can about which are the good programs--which do a good job of training, which will take extra time for and a special interest in your counselees, which have a good record of placing their graduates.

3. Collect a resource file of people in the community who may have special knowhow that your counselees may need. There may be a social worker somewhere who is especially good at helping people who are appealing Social Security ratings, for example. Or a placement worker in a job shop or agency for temporaries who may be willing to hunt out just the right job for a counselee. Or someone who has the say-so about who gets into a cooperative apartment arrangment.

Nothing is more valuable than a library of this sort of lore.

Expanding Counseling Capacity

I have recommended that in order to increase cost effectiveness, you identify specific categories of counselees and formulate appropriate goals for each group. I have also suggested that you prepare yourself with as much information as you can acquire about people in the world of work, schools, and the helpng professions in the

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community who may be of use to you. My final point is addressed to vocational counseling programs--I assume that this means all programs--who are understaffed. I will briefly describe the problem at Sepulveda and indicate one partial remedy.

Counselees come to the Sepulveda Vocational Counseling Section referred from all over the Medical Center--from Cardiology, Oncology, Renal Dyalysis, Spinal Cord Injury, Surgery, Psychiatry, Alcohol Treatment, Drug Dependency, Triage--or they come self referred. They may be inpatients, or outpatients seen on a consultative basis. The case load carried by the staff of one, at times two, psychologists, a Vocational Rehabilitation Specialist, and one or two part time psychology trainees or interns has tended to run between 90 and 110 persons at any one time, with an average of about 25 new cases per month.

To meet the vocational counseling needs of the entire Medical Center population would be entirely beyond so small a staff if it were not for support. The Psychology staff help by regulating the flow of referrals and meeting most of the vocational counseling needs of their individual patients. Substantial support comes from other Medical Center Services, as well, especially from the Rehabilitation Medicine Service. The RMS Case Manager has served as consultant and resource. RMS work therapy programs provide help with work evaluations, paid work for veterans during job search, and sheltered workshop experience for those who need these services. RMS Occupational Therapy, Driver's Training, pool and gym facilities, etc., have been useful adjuncts. Psychiatry's Transition Unit is particularly close meshed with Vocational Couunseling in joint efforts to assist veterans housed on that ward to find and hold jobs.

In addition, our team is expanded by outside assistance. A Veterans Outreach counselor, outstationed at Vocational Counseling from the California Department of Employment Development for 24 hours per week, does job development and job placement.

He also supplements the work of our counselors in running job search workshops, supervising veterans' phone contacts with potential employers, and doing follow up work. These activities have resulted in a small but growing network of cooperative employers from whom we can solicit help. A Department of Rehabilitation counselor comes to Vocational Counseling every other week to screen and counsel with veterans whom we have referred for retraining or for help in obtaining the basic equipment or tools they may need in order to get hired. A VA Regional Office counseling pyschologist also comes every other week. Liaison with these colleagues, with the counselors and instructors at local vocational schools and colleges, and with other key personnel in community agencies is maintained even after veterans have been referred elsewhere so as to be sure that they are well on their way and don't get lost in the shuffle of transfer from Vocational Counseling to Social Security, to VA Rehab, to a sheltered workshop, to a community college, etc. etc.

The principle is to create a network of support personnel in every way your situation permits. The vocational counseling program at the Loma Linda VA Medical Center, to cite an instance, has had substantial help from its inception from a splendid group of lay volunteers.

In sum, I believe that the strategies described in this paper for dealing with the problem of increasing the cost effectiveness of vocational counseling--multiple criteria, a comprehensive data base and record keeping system, a constantly updated information resource bank, and a cadre of support personnel--are replicable and sound, that they address the problem of providing service in a way that is demonstrably thrifty, but at the same time marshalls the resources of the agency and the community to the advantage of counselees.

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